

sion—namely, the “vitalists” and the “anatomists,” of which latter body he is himself a disciple, since he considers their doctrine the most rational, and in a greater degree consistent with the present advanced state of pathological knowledge respecting mental diseases. The author afterwards gave a synopsis of sixty-seven dissections made at Bethlem Hospital, of which the following is a summary of the diseased appearances observed in the brain and membranes. In 53 cases, effusion of water had taken place in the ventricles; in 53 cases, also, there was infiltration of the pia mater; in 38, turgidity of the cerebral blood-vessels; in 30, the arachnoid membrane was thickened and opaque; in 26, the colour of the brain was altered from its natural tint; in 15, there was an effusion of blood within the skull, besides other alterations of structure, as mentioned by the author. The organs of the chest were likewise more or less diseased in as many as 62 of the patients; whilst in 30, morbid changes were likewise noticed in the abdominal viscera; so much so, indeed, was this the case, that the immediate cause of death, in a number of the insane patients referred to in the present communication, was apparently disease in these parts; but more especially, affections of the organs of respiration. Dr. Webster then alluded to the long period during which some of the lunatics had laboured under mental aberration, particularly females, one female lunatic having constantly resided in the incurable ward at Bethlem Hospital for upwards of half a century, or actually fifty-four years; thereby showing, that the loss of reason is sometimes not incompatible with longevity. After again referring to the deductions contained in his previous papers communicated to the Society, the author concluded by remarking, that the facts and statements now brought forward, fully confirmed his former observations, and he hoped they might prove useful to students of medical psychology.—*Lancet*, May 19, 1849.

16. *On Polydipsia*.—M. VIGLA took the occasion of an example of this rare form of disease being in the Hôtel-Dieu to deliver a clinical lecture upon it. It occurred in the person of a shoemaker, æt. 40, who, two months before admission, suffered from severe frontal neuralgia. Shortly before he came in, he was seized with so tormenting a thirst, that he was forced to drink six or seven quarts of water a day, and two or three by night. This state continued for three weeks, during which the neuralgia entirely left him; but a week prior to admission the thirst diminished and the neuralgia returned. Blisters to the head and purgatives relieved this; but the thirst now returned as intensely as ever. On the 2d of November, he was found to have passed from eight to ten pints of urine since the prior evening, which was of a very pale citron hue, inodorous, nearly neutral, and of a density (1002) but little above that of water, &c. The tongue was nearly normal, the gums pale, mouth dry, and spitting difficult, saliva slightly acid, and so sparing that he could not swallow two mouthfuls without drinking; appetite gone, having some desire for vegetable food, and a loathing for animal. No pain in the abdomen, and stools are normal. Skin dry, and very susceptible to cold. Some emaciation; little sleep; suspension of sexual desires; pulse 56, and regular.

There are three diseases in which excessive thirst and secretion of urine are prominent symptoms; polydipsia, diabetes mellitus, and diabetes insipidus. *Polydipsia* is distinguished from *diabetes mellitus* by there being no sugar in the urine, and mere congestion or augmentation of volume of the kidney, but no organic change. Although the odour of diabetic urine is slight, it is of a more animalized nature than that of polydipsia; and if the latter be left to itself, it passes into the putrefactive fermentation, while that of diabetes passes into the alcoholic, depositing a whitish substance, which is a true ferment. The difference of density sufficiently distinguishes the two urines; for while that of diabetes furnishes a specific gravity of from 1026 to 1044, that of polydipsia furnishes one of but from 1000 to 1004, or at most 1008; the density in the one affection being greater, in the other less, than in any other disease, and forming the two extremes of the scale. The urine of diabetes polarizes light, which that of polydipsia does not. In diabetes, the appetite may be much increased, while in polydipsia it is diminished; meat and gelatinous aliment are taken and digested in the former, vegetables in the latter. Nutrition is much

more seriously affected in diabetes than in polydipsia; the continual emaciation, in spite of enormous alimentation, observed in the one, not taking place in the other. The diabetic patient easily takes cold, each cold becoming more and more obstinate, and usually terminating in phthisis. All those patients who do not die of a complication of the original disease, die tuberculous, a termination not observed in polydipsia. Arrived at such a period, the diabetes may seem cured; but in fact less sugar is secreted, because the patient now takes less food whence to elaborate it. Towards the end of the case the patient becomes œdematous, which he does not in polydipsia. Polydipsia does not easily make ravages in the constitution, the patient bearing it as well for twenty years as for six months, which is very far from being the case with diabetes. In both affections, the complication of a febrile disease may temporarily suspend their course. In one case, seen by M. Vigla, the polydipsia was suspended during an intense reaction excited by blisters, and reappeared when this had subsided.

As to *diabetes insipidus*, M. Vigla is aware of no well-ascertained example of such a disease, which, without sugar in the urine, gives rise to emaciation and eventual phthisis.

The causes of polydipsia are unknown. It may occur at any age, in any climate, and in either sex. Generally, its access is sudden, and it becomes fully developed in a few days. M. Vigla regards both it and bulimia as *neuroses*, deranging the health no more, or even less, than other neuroses. It obstinately resists all treatment; the only remedies which are of any occasional avail being antispasmodics.—*Brit. and For. Med.-Chir. Rev.*, April 1849, from *Gazette des Hôpitaux*, 1848, No. 130.

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17. *Effects of Cauterization in Inoculation with Virulent Poisonous Agents.*—M. PARCHAPPE, in a communication to the *French Academy of Medicine* (Jan 8.), expressed his regret that the confidence of medical men in this remedy had been shaken, especially in cases of the bite of a mad dog. He related the following experiments: 1. A quantity of extract of *nux vomica*, of the size of a pea, was introduced into a wound on the back of a young dog, and produced death in two hours. 2. A similar quantity was introduced into a wound in the foot. The limb was amputated. After twelve minutes, tetanus was complete, but was followed by recovery. 3. A wound in the foot, inoculated as above, was cauterized with a red hot iron. The result was recovery.

From these experiments it appears that the effect of *nux vomica* can be arrested by amputation, or destruction of the poisoned part. Now, as it appears that the virus of rabies requires a longer time to produce its effects than *strychnia*, the success of cauterization, in *strychnia* cases, should encourage us to practice it, to prevent absorption of the virus, from the bite of a mad dog.—*London Journ. Med.*, March 1849.

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18. *Period required for the Absorption of Virus.*—M. RENAULT has communicated to the *French Academy of Sciences* the results of some experiments made at the *Veterinary School of Alfort*, the object of which was the determination of the period at which the action of a virus ceases to be local, and becomes general.

This was endeavoured to be determined by ascertaining how soon a parcel of virus placed under the epidermis becomes absorbed; or, in other words, how long is the period after inoculation within which we may destroy or remove the portion of skin under which such deposition has been made, without modifying the absorption of the virus, so as to prevent or sensibly modify the general effects. In thirteen experiments, the animals were inoculated with the matter of acute glanders, and the actual cautery applied, after previous excision of the congested parts, at periods after the inoculation varying in the different animals from ninety-six hours to one hour. In all, the animals became diseased. In another series of experiments, in which the virus of the rot of sheep was employed, it resulted that the virus was absorbed in five minutes.—*Brit. & For. Med.-Chir. Rev.*, April 1849, from *Gazette Médicale*, Dec. 16th, 1848.